

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

SHERRY HUFFMAN

Plaintiff,

-against-

BNA FINANCIAL SERVICES, INC.

Defendant.

08-cv-7865  
COMPLAINT  
JUDGE CONNER

**COMPLAINT FOR VIOLATIONS  
OF THE FAIR DEBT COLLECTION PRACTICES ACT**

Plaintiff Sherry Huffman by and through her attorney, Kleinman LLC, files this complaint against defendant BNA Financial Services, Inc. for its violations of the Fair Debt Collection Practices Act.

**Introduction**

1. This action seeks redress for the illegal practices of Defendant, BNA Financial Services, Inc., concerning the collection of debt, in violation of the Fair Debt Collection Practices Act, 15 U.S.C. § 1692, *et seq.* ("FDCPA").

**Jurisdiction and Venue**

2. This Court has Federal question jurisdiction under 15 U.S.C. § 1692k(d) and 28 U.S.C. § 1331.

3. Venue is proper in this District because the acts and transactions that give rise to this occurred, in substantial part, in this District. Additionally, Huffman resides in this District and the Defendant transacts business here.

4. Sherry Huffman is a citizen of the State of New York, Rockland County who resides in this District.

5. Sherry Huffman is a "Consumer" as that term is defined by § 1692(a)(3) of the FDCPA in that the alleged debt that the Defendant, BNA, sought to collect from her is a consumer debt, purportedly owed to Good Samaritan Hospital.

6. Upon information and belief, Defendant BNA is an active Tennessee Corporation. Its Registered Agent is John Hyde, 9301 Coxboro Drive, Brentwood, TN 37027.

7. Defendant, BNA is regularly engaged in the collection of debts allegedly owed by consumers.

8. Defendant, BNA is a "Debt Collector" as that term is defined by § 1692(a)(6) of the FDCPA.

9. On or about May 29, 2008, plaintiff received a mass produced computer generated collection letter demanding payment of a \$1500 purportedly owed to Good Samaritan. **Exhibit A.**

10. On July 26, 2008 a letter was sent to defendant disputing the debt and requested verification of the disputed debt. **Exhibit B.**

11. On June 30, 2008, Defendant provided verification of a \$19,695 debt and requested payment of a \$1,500 debt. **Exhibit C.**

**AS AND FOR A FIRST CAUSE OF ACTION**

**VIOLATIONS OF THE FAIR DEBT COLLECTION PRACTICES ACT**

14. Huffman realleges and incorporates herein by reference, all the foregoing paragraphs as if set forth fully herein.


15. Upon information and belief, the May 29, 2008 collection letter is a form letter sent by Defendant to the Plaintiff.

16. Collection letters, such as those sent by Defendant, are to be evaluated by the objective standard of the hypothetical "least sophisticated consumer."
17. Defendant's letter violated 1692g(b), by attempting to collect a timely disputed debt prior to providing the consumer with verification of the debt.
18. Defendant's violated the FDCPA. Defendant's violations include, but are not limited to violating 15 U.S.C. § 1692g(b) by attempting to collect a disputed debt prior to providing verification of the debt.

**WHEREFORE**, the plaintiff requests that this Court grant the following relief in their favor, against BNA as follows:

- a) The maximum statutory damages provided by section 1692k of the FDCPA against defendant;
- b) Attorney's fees, litigation expenses and costs;
- c) Any other relief that this Court deems just and proper.

Dated: Uniondale, New York  
September 9, 2008

  
Abraham Kleinman (AK-6300)  
KLEINMAN LLC  
626 RexCorp Plaza  
Uniondale, New York 11556-0626  
Telephone (516) 522-2621  
Facsimile (888) 522-1692

Plaintiff requests trial by jury on all issues so triable.

  
Abraham Kleinman (AK-6300)

**EXHIBIT A**

**BNA FINANCIAL BUREAU, INC.**

8000 Safari Dr • Smyrna TN 37167-6605  
(615) 836-0100 or Toll Free (800) 727-3032

May 29, 2008

Account Number: 10074664

Creditor: Good Samaritan

Account Number	Patient Name	Balance
10074664	Huffman Sherry	\$1500.00
<b>Total Amount Due:</b>		<b>\$1500.00</b>

Your past due account has been placed with this collection agency. If you are aware of any reason for non payment of this amount, or you need to arrange a satisfactory settlement, please call us at 800-727-3032. If we do not hear from you, we will expect the balance promptly. Should you have already paid this balance, please disregard this letter.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is a communication from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose. This collection agency is licensed by the collection service board, state department of commerce and insurance, 500 James Robertson Parkway, Nashville, TN 37243.

\*\*\*California residents please see reverse for important information\*\*\*

If you wish to pay by VISA or MasterCard, fill in the information below and return the entire letter to us.

\*The 3 digit ID Number is located on the reverse side of your credit card\*



Account Number	ID Number	Payment Amount	Expiration Date
1 1 1 1 1 1 1 1 1 1	- -	\$	____/____/____

Card Holder Name

Signature of Card Holder

Date

\*\*\*Detach Lower Portion And Return With Payment\*\*\*

10089481 2/8

**BNA FINANCIAL BUREAU, INC.**

(615) 836-0100 or Toll Free (800) 727-3032

PO Box 899

Smyrna TN 37167-0899

RETURN SERVICE REQUESTED

May 29, 2008

1920698-206 0161765 018943907



Sherry Huffman  
252 Kearsing Pkwy Apt 1D  
Monsey NY 10952-2266

**PLEASE MAKE YOUR CHECKS PAYABLE TO:**

GOOD SAMARITAN

Lockbox #404310

Atlanta Ga 30384-4310

Total Amount Due: \$1500.00

Account #: 10074664

Patient: Huffman Sherry

Amount Enclosed \$

Exhibit B


Sherry Huffman  
252 D Kearsing Pkwy  
Monsey, NY 10952

BNA Financial Bureau, Inc.  
8000 Safari Dr  
Smyrna, TN 37167-3032

RE: Acct# 10074664

To Whom It May Concern:

I dispute the validity of this Good Samaritan debt. Enclosed is a copy of your collection letter. Please send me verification of this debt.



Sincerely,  
Sherry Huffman

**Exhibit C**

BNA FINANCIAL  
PO BOX 899  
SMYRNA, TN 37167  
800-727-3032

Date: 07/30/08

Dear Sir or Madam:

Enclosed you should find copies of the documents you requested. Please review them and  
contact us to make appropriate arrangements.

You can contact us during business hours of:  
Monday-Thursday: 8am-8pm  
Friday: 8am-6pm

Information you should have when calling:

Your account number: 100741004  
Patient Name: Sherry Huffman  
Address: 752 D. Leasing Parkway  
Monsey, NY 10952  
Your existing balance: \$1,500.00

Call me upon receipt of this letter at 1-800-727-3032. We look forward to working with  
you to get this matter taken care of.

Sincerely,

Lisa

09/30/2007 11:17:34 AM



**GOOD SAMARITAN HOSPITAL**  
255 LAFAYETTE AVENUE  
SUFFERN, NY 10901

PHONE:

GSH  
(1)

**SHERRY HUFFMAN**  
262 D KEARSING PKWY  
MONSEY, NY 10952

Patient: **HUFFMAN SHERRY**  
Acct#: 10074864  
Admt Dt: 09/19/2007  
Dischg Dt: 09/21/2007

**FACILITY:** Good Samaritan Hospital

**ITEMIZED BILL**

Date	Service	Description	Qty	Amount	Date	Service	Description	Qty	Amount
09/19/07	000006	N/A	1	2,595.00	09/20/07	502033	DOXUSATE 300 100MG	2	6.5
09/19/07	471004	ANTIBODY SCREEN	1	155.00	09/20/07	502582	IBUPROFEN 600MG TAB	1	4.2
09/19/07	471070	ABO BLOOD TYPE	1	125.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	471874	RH BLOOD TYPE	1	85.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	472020	HEPATIC FUNCTION	1	384.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	472038	URIC ACID SERUM	1	106.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	472651	BLOOD GAS ANAL	1	89.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	472651	BLOOD GAS ANAL	1	89.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	472915	BASIC METABOLIC PANEL	1	361.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	473030	SPECIALTY OTHER REF	1	80.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	473008	CBC WITH AUTO DIFF	1	105.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	473003	CBC WITH AUTO DIFF	1	105.00	09/20/07	503431	PERCOCET 5/325MG TAB	1	12.5
09/19/07	473109	PROTHROMBIN TIME	1	91.00					
09/19/07	478011	PARTIAL	1	170.00					
09/19/07	478014	FIBRINOGEN	1	301.00					
09/19/07	851824	N/A	1	7,223.00					
09/19/07	351025	N/A	3	1,401.00					
09/19/07	351027	N/A	1	734.00					
09/19/07	501979	DIPHENHYDRAMINE 25MG	2	6.54					
09/19/07	501985	DIPHENHYDRAMINE	1	10.22					
09/19/07	502141	ERYTHROMYCIN OPTH	1	12.58					
09/19/07	502201	FENTANYL 0.05MG/ML INJ	1	15.75					
09/19/07	502582	IBUPROFEN 600MG TAB	1	4.20					
09/19/07	502848	LIDYER 1.5% INJ 200000	1	87.19					
09/19/07	502978	MEPNACAIN 1.5% INJ	1	72.10					
09/19/07	503037	METHYLERGONOVINE	1	44.81					
09/19/07	503581	PHYTONADIONE	1	50.75					
09/19/07	504838	BUPN/FENT	1	247.33					
09/19/07	504838	BUPN/FENT	1	247.33					
09/19/07	504858	8 INJ 20 UNIT OXYTOCIN	3	103.80					
09/20/07	000006	N/A	1	2,595.00					
09/20/07	503431	PERCOCET 5/325MG TAB	2	16.54					
09/20/07	503840	FRANXONE 1% CRM 300M	1	18.10					
09/20/07	504801	ZOLPIDEN 10MG TAB	1	22.54					
09/19/07	502141	ERYTHROMYCIN OPTH	1	12.58					
09/19/07	503581	PHYTONADIONE	1	50.75					
09/20/07	475028	CULTURE BACTERIA	1	281.00					
09/20/07	475071	CULTURE ANAEROBIC	1	490.00					
09/20/07	473030	SPECIALTY OTHER REF	1	80.00					
09/20/07	473003	CBC WITH AUTO DIFF	1	105.00					
					Total:				19,996.5